



City of Minneapolis
Licenses and Consumer Services
 350 South 5th Street – Room 1C
 Minneapolis, MN 55415–1391

Phone: 612-673-2080
 Fax: 612-673-3399 TTY: 612-673-2157

www.minneapolismn.gov/business-licensing

For Office Use Only

License and Rev Codes:
 Current License
 MCO: 259.30; 362.50;
 362.120
 Adm Issuance: No

License Application Guidelines and Checklist

Application Type: Amending a Business Plan or Downgrading a License (Entertainment)

The Minneapolis Code of Ordinances (MCO), Chapters 259.30 and 362.120 require new license applicants to provide a business plan which sets forth, in detail, the manner in which the licensed business will be operated. Any material change in the Business Plan must be submitted to and approved by the Minneapolis City Council prior to implementation. Violation of a Business Plan may result in suspension, revocation, refusal to renew the license, or a civil fine as determined by the Minneapolis City Council. This application may be used when an establishment chooses to downgrade their license/class of entertainment, modify their hours of operation, or add a bar to their outdoor area, for example.

Staff Initials	Application Checklist
	Submit items below to: Minneapolis Development Review , 250 South 4 th Street Room 300 Public Service Center, Minneapolis, MN 55415 - Free Parking
	<input type="checkbox"/> 1. O # 7 (Form #1)
	<input type="checkbox"/> 2. Zoning Addendum for Beverage Alcohol (Form #2) – This is required for downgrading a license. Take to the Zoning Department – 250 South 4 th Street, Room 300 Public Service Center. <input type="checkbox"/> Not Required for Amending a Business Plan.
	<input type="checkbox"/> 3. Health Plan Review – 7 Required if changes are made to the physical premises. <input type="checkbox"/> New Construction <input type="checkbox"/> Remodeling <input type="checkbox"/> Equipment Replacement <input type="checkbox"/> _____ \$ _____ Health Plan Review Fee <input type="checkbox"/> Not required if there are no physical changes to the premises.
	<input type="checkbox"/> 4. Attach an 8 1/2" x 11" drawing of the premises including both the interior and outdoor areas with changes highlighted. See Sample Form # . <input type="checkbox"/> Not required if there are no physical changes to the premises.
	<input type="checkbox"/> 5. Amended Business Plan for Beverage Alcohol (Form #)
	<input type="checkbox"/> 6. _____ Fee
This Section To Be Completed by Minneapolis Development Review Coordinator	
DC: _____ Temporary Application Number: _____	
<input type="checkbox"/> Plumbing Permit <input type="checkbox"/> Mechanical Permit <input type="checkbox"/> Building Permit <input type="checkbox"/> SAC <input type="checkbox"/> Sidewalk Inspection <input type="checkbox"/> PDR Review <input type="checkbox"/> _____	
SAC Determination Letter Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Sent to EH _____	PCAB # _____
EH Staff Initials _____	EM Staff Initials _____
Date Sent to EM _____	Date Returned to MDR _____

Additional Information

1. Your License Application

- a. Incomplete applications will be returned.
- b. All applications must be signed by the owner.
- c. No license will be issued for a period longer than one year.
- d. Licenses are not transferable.
- e. Make a duplicate copy of this packet for your personal records before submitting.
- f. [Minnesota Sales Tax ID Number](#) or 651-296-6181.
- g. If you are applying for multiple licenses, applications may be combined. Talk to Licenses' Staff at 300 Public Service Center.

2. Hours of Operation – 1C City Hall: Mondays – Thursdays: 8:00 am – 4:00 pm. Fridays: 10:00 am – 4:00 pm.

3. Information in Other Languages: Para asistencia 612-673-2700 - Rau kev pab 612-673-2800 - Hadii aad Caawimaad u baahantahay 612-673-3500.



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FOR OFFICE USE ONLY:
LICENSE ID #:
CSR:
FEE: \$
DATE:
INSPECTOR:
MPD FILE #:

Supplemental Change Form

TYPE OF CHANGE TO LICENSE

Grid of checkboxes for license changes: Amending a Business Plan/Downgrade, Internal Transfer of Shares, Special All Night Bowling/Pool/Billiards, Corporate Stock Purchase, New Corporate Officer, Special Late Night Food, Downgrading License(Entertainment), New Manager, Expansion of Premises, New Shareholder/Partner.

BACKGROUND INFORMATION

I, _____, as [] Owner [] Partner, on behalf of _____,
(Print Full Name) (Legal Corporate Name of Business)
request the following (Provide a detailed description.):

Business Name (DBA), Business Address, Business E-mail Address, Alternative E-mail Address, Business Telephone Number, Cell Phone Number, Type and Class of License Currently Held.

VERIFICATION

SIGNATURE _____ TITLE _____ DATE _____

THIS SECTION IS TO BE COMPLETED BY THE CITY OF MINNEAPOLIS

The Minneapolis Police Department Recommends: [] Apptqyg [] Dgp{
Signature of Minneapolis Police Department Representative _____
Comments:
The Minneapolis License Department Recommends: [] Apprqyg [] Dgp{
Signature of Minneapolis License Department Representative _____
Comments:

OFFICERS, DIRECTORS, and/or STOCKHOLDERS

Attach additional sheets if necessary

Publicly held corporations need list only shareholders with 10 percent of more corporate stock.

Name	Address	Telephone	Title	# Shares or % of Ownership

I, _____, the undersigned, do hereby declare under the penalty of perjury that as of this date, the
(print name)
following is a true and complete list of all officers, directors, and stockholders of this corporation or partners of this partnership.

Signature _____ Title _____ Date _____

Note: If there has been any change listed above since your last application, you must attach a certified copy of the minutes of the meeting as documentation.



Zoning Addendum for Beverage Alcohol Establishments

Applicants requesting a business license must be in compliance with all zoning regulations before a license can be approved. Bring this form to the Development Review Customer Service Center at the above address, or call (612) 673-3000 or 311 to schedule an appointment for a City Planner to complete the remainder of this application. Approval from the Development Services Division and/or City Planning Commission may be required *before* the Business Licensing Division will accept your application.

===== **SECTION 1: COMPLETED BY APPLICANT** =====

Legal Corporate Name of Business _____ Trade Name (DBA) _____

Proposed Business Address _____

Contact Person _____ Telephone _____

License Status: New Upgrade Downgrade | Current License Type and Number (if applicable): _____

Type of Establishment: Restaurant Hotel Night Club Other: _____

Type of License Requested: Liquor Wine Strong Beer 3.2 Beer On-Sale Off-Sale Growler Taproom

Class of Entertainment Requested: A B C-1 C-2 D E

Entertainment: Check and describe all categories of entertainment you are planning to provide on your premises.

No Entertainment.

Limited Entertainment: Limited to literary readings, storytelling, live solo comedians, electronically reproduced music (TV, radio), karaoke, jukebox, amplified or non-amplified music by five or fewer musicians, and group singing participated in by patrons of the establishment. No patron dancing. Describe below.

General Entertainment: Other forms of entertainment which do not meet the definition above. Examples include two or more comedians, bands with amplified musical instruments, patron dancing, plays, shows, contests, etc. Describe below.

Adult Entertainment: Persons who are unclothed or in attire/costume which exposes any portion of female breasts and/or male or female genitals (nude or semi-nude). Describe below.

The following are required by the City Planner for review of your application.

1. Scaled and dimensioned floor plan and
2. Site plan detailing parking and other improvements

===== **SECTION 2: COMPLETED BY CITY PLANNER** =====

Zoning district _____ Proposed land use(s) _____

Are there any land use approvals for this address which affect this license application? Yes No

If yes, provide a brief description of any land use history relevant to the proposed licensure.

The proposed property has the following contiguous acreage: Seven Acres Five Acres Less than Five Acres

SECTION 2: CONTINUED

Based upon the attached floor plan, list the Gross Square Footage _____ Net Square Footage _____

Off Street Parking Requirements

Is parking required by the Zoning Code? Yes No If, yes, complete the following questions. If no, skip to comments.

Number of Parking spaces required by the Zoning Code: _____

Does applicant have non-conforming rights to off-street parking? Yes No If yes, number of stalls: - _____

Has applicant applied for a parking variance? Yes No If yes, for how many spaces: - _____

NET number of parking spaces applicant is required to provide on site: _____

Total _____

Does the applicant intend to supply any of the required off-street parking at a nearby location? Yes No

If yes, a Shared Parking Agreement must be completed. See land use approvals above.

Address of off-site parking: _____ Owned Leased

Note to Applicants: You may be subject to a greater number of off-street parking spaces than required by the Zoning Office. This will be verified by your License Inspector.

Comments _____

Are there any outstanding Zoning Enforcement Requests for Service on the property? Yes No

If yes, provide a brief description of any Zoning Enforcement issues relevant to the proposed licensure. _____

Name of CPED Planning Staff _____ Date _____

Signature _____ Extension _____

SECTION 3: COMPLETED BY LICENSE INSPECTOR

Is the main entrance within five hundred (500) feet from residentially zoned property? Yes No

Is the main entrance within three hundred (300) feet from the main entrance of any building space that is used primarily and regularly for any public or parochial school or church? Yes No

Is the off-sale liquor establishment outside of the B4 Zoning District? Yes No If yes, is the main entrance over 2000 feet away from the nearest existing off-sale liquor establishment's main entrance? Yes No

HEALTH ADDENDUM

PART 1 – TO BE FILLED OUT BY APPLICANT	
1. BACKGROUND INFORMATION	
Name of Business _____	Address _____
Proposed Date of Opening _____	Number of Customer Seats _____ <input type="checkbox"/> N/A
Gross Square Footage _____	Net Square Footage of the Retail Area _____ <input type="checkbox"/> N/A
License(s) Requested: _____	
As the Licensee, I am: <input type="checkbox"/> Starting a new business in a new building. (New business)	
<input type="checkbox"/> Starting a new business in an existing building. Name of previous tenant _____	
<input type="checkbox"/> Taking over an existing business. (New owner) Name of existing business _____	
<input type="checkbox"/> Remodeling.	
<input type="checkbox"/> Equipment changes. Provide equipment information and photos.	
<input type="checkbox"/> Adding new license to an existing business.	
2. FOOD PROCESSES – CHECK ALL THAT APPLY	
<input type="checkbox"/> Canning and pickling	<input type="checkbox"/> Raw and undercooked proteins (eggs, meats, poultry, fish, seafood)
<input type="checkbox"/> Curing and smoking using nitrates or nitrites (pink salt)	<input type="checkbox"/> Vacuum packaging
<input type="checkbox"/> Juice pressing or bottling	
Provide additional documentation and/or descriptions for any box checked.	
3. CERTIFIED FOOD MANAGER	
Name of Certified Food Manager _____	<input type="checkbox"/> Attach a copy of current MN Dept of Health certificate .
4. FOOD CATERING, DISTRIBUTION AND TRANSPORTATION	
If your business caters, distributes, or transports food from one location to another, please provide the following information in	
<input type="checkbox"/> Name and location of commissary kitchen	<input type="checkbox"/> How food will be protected during transport
<input type="checkbox"/> Who and where food is distributed	<input type="checkbox"/> Who and where food is distributed/transported to
<input type="checkbox"/> Description and method of distribution (hot vs cold)	<input type="checkbox"/> List and spec sheets of equipment for storing and transporting foods (must be NSF or equivalent)
<input type="checkbox"/> Description and method of transportation	
5. CONSTRUCTION/REMODELING	
Is there any construction/remodeling in progress? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What type of work will you be doing? <input type="checkbox"/> General Building <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Other(Explain) _____	
Have plans been submitted to: Minneapolis Development Review <input type="checkbox"/> Yes <input type="checkbox"/> No Environmental Health Plan Review <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you obtained the necessary permits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of Applicant _____	Date _____
PART II – TO BE FILLED OUT BY ENVIRONMENTAL HEALTH CODE COMPLIANCE OFFICER	
Is a Plan Review required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there outstanding upgrades or compliance issues? <input type="checkbox"/> Yes (Explain) _____ <input type="checkbox"/> No <input type="checkbox"/> See attached report.	
Final Inspection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes. I recommend to License Department to proceed.	
<input type="checkbox"/> No. This application is not recommended to License Department to proceed. Reason for Hold: _____	
RISK LEVEL: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Signature of EH Official _____	Printed Name: _____ Date: _____



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Floor Plan Standards

Every application for a restaurant or beverage alcohol license must include a floor plan. A sample is provided below. Attach an 8 ½" x 11" diagram of both your **INTERIOR** and **EXTERIOR** premises. Include dimensions. Hand drawn floor plans will be accepted if they are legible. Drawings for outdoor areas may be on a separate sheet. If the outdoor area is located on the public sidewalk, drawings must include additional features and a [Sidewalk Café License](#) is required. Include the following on your plan:

1. Business name (DBA), building name, address, contact person and telephone number
2. The function of the space including the dimensions and square footage of the area in which food will be served; Label mezzanine levels, fixed seating and egress convergence.
3. All doors, windows and other openings as well as any building feature requiring emergency access
4. The occupant load calculated by the designer
5. The number and size of tables
6. The number of chairs and their location to the tables; Seating capacity needs to consistent with the number of patrons stated in your license application.
7. Ensure that your total bar area does not exceed the area that is allowed for your type of license. Include square footage (no more than 30% or 20%) Bar Area: One or more spaces in an establishment that is designed and utilized primarily for the consumption of alcohol or providing entertainment. This space would include: a dance floor area, stage, game room or any space that is undefined or does not provide for seated food service. Outdoor bar areas may be calculated separately from indoor bar areas and considerations may be made for outdoor sporting courts such as bocce, volleyball or similar features.

Outdoor Area Diagrams shall also include the following in addition to the information above:

8. All outdoor areas accessible to and usable by building and non-building occupants including yards, patios, cafes, courts, dog areas, rooftops and other similar outdoor areas
9. Umbrellas, planters, stanchions, fences, lights, signs, etc
10. Planted, groomed or landscaped areas adjacent to the outdoor area
11. Heating elements and location of storage area for gas cylinders
12. There must be 5% or a minimum of one table which is ADA accessible.
13. Access and Egress: Your business plan should describe how this will be controlled.

DBA: Living the Dream
 Address: 1313 Mockingbird Lane
 Building Name: Empire State
 Contact Person: Doe John
 Telephone: 612-555-5555

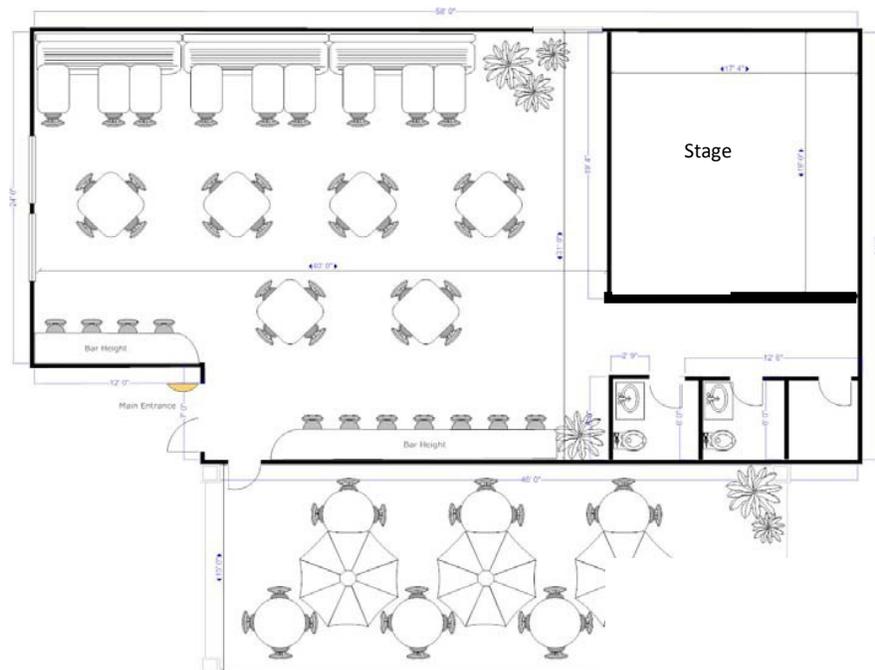
Interior

Sq Footage: 6000 sq ft
 Dining Sq Footage: 5000 sq ft
 Seating Capacity: 53
 6 Tables (4' x 4') – all accessible
 24 Chairs
 9 Booths (2' x 4') w/ seating for 18
 Bar Area (sq ft)
 Occupant Load: 60

Exterior

Sq Footage: 2000 sq ft
 Dining Sq Footage: 1800 sq ft
 Seating Capacity: 24
 6 Tables (4' x 4') – all accessible
 24 Chairs
 Occupant Load: 40

Prepared by: M. I. Tech
 The Architects, LLC





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Business Plan Amendments - Establishments with Beverage Alcohol

1. Food Service

- List all the food that you will prepare and/or serve. Include prices.
- Describe kitchen, bar, and cooking equipment; and/or attach Food Plan Review.
- No changes.

2. Alcohol Server Training Plan – MCO 370.10 and 362.360

- Describe staff training including name of trainer and topics covered. A list of [programs](#) is available on our website.
- Ongoing and regular training programs.
- Policy for carding and the use of electronic [ID Scanners](#).
- Reward and discipline policy for serving alcohol to minors and
- Self audits.
- No changes.

3. Security Plan/Staffing Model – MCO 259.250

- Attach your security plan which addresses how you will take appropriate action to prevent illegal conduct from anyone on your business premises and/or parking areas.
- No changes.

4. Hours of Operation

- Hours for every day of the week.
- Inside and outside hours.
- No changes.

5. Entertainment

- Prepare a detailed statement of the nature of entertainment presented in your establishment.
- Days and hours of the entertainment and
- Identify the age group at which the entertainment is directed.
- No changes.

6. Community Impact Plan

- Describe how your establishment will be proactive in preventing negative secondary effects directly attributable to the existence of the business.
- Attach a detailed plan which explains how your establishment will address potential [noise](#) issues. (MCO 389)
- Attach a plan for cleaning litter within a 100 foot radius of your establishment. Include hours staff will be assigned. (MCO259.125).
- Indicate the types of teams you may sponsor: softball, broomball, soccer, rugby, football, or other competitive sports.
- No changes.

7. Charitable Gambling Activities

- Identify the types of games.
- Hours.
- Gambling Manager and
- Name of Charity.
- No changes.

ACKNOWLEDGEMENT AND AGREEMENT

I, (print name) _____, an authorized corporate officer, partner or owner, hereby acknowledge and agree to the following:

- the attached business plan is a true and correct reflection of the undersigned’s intentions;
- any material change in the business plan must be submitted to and approved by the Minneapolis City Council before implementation;
- violation of this business plan may result in suspension, revocation, or refusal to renew the license or in a civil fine as determined by the Minneapolis City Council.

Signature _____ Title _____ Date _____